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| | | |
|-------------------------|--|--------------------|
| MELANIE LYONS | | (Depositor's name) |
| <i>Melanie Lyons</i> | | (Signature) |
| <i>January 31, 2006</i> | | (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/545,998 | 04/10/2000 | Daniel M. Gorman | DX0612K1B | 7858 |

TITLE OF INVENTION: MAMMALIAN CELL SURFACE ANTIGENS; RELATED REAGENTS

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO | \$1400 | \$0 | \$1400 | 02/03/2006 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|---------------------|----------|----------------|
| SCHWADRON, RONALD B | 1644 | 536-023500 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.
2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
- 1 Edwin P. Ching
 2 Laurie L. Hill
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

SCHERING CORPORATION**KENILWORTH, NEW JERSEY**

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 04-1239 (enclose an extra copy of this form).

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 a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Sheela Mohan-PetersonDate 20-Jan-2006Typed or printed name SHEELA MOHAN - PETERSONRegistration No. 41,201

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FAX: (571) 273-2885

FROM: Sheela Mohan-Peterson
DATE: January 31, 2006
RE: Docket No.: DX0612K1B
 USSN: 09/545,998
 Filed: 04/10/2000
 Title: Mammalian Cell Surface Antigens; Related Reagents

Any difficulty with this facsimile, please call:
Melanie Lyons at (650) 496-1183

Documents attached:

| | | |
|----|--------------------------------------------|---------|
| 1. | Part B - Fee(s) Transmittal (in duplicate) | 2 pages |
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Melanie Lyons

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